

215023279
49272

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

| | | | | | | |
|--|--------------------------|--|------------------------------------|---|---|---|
| 2 | Total Number of Vehicles | Local No./ District 83 | Agency Case No. B5-053157 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 |
| A/1 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 06/15/2015 | | TIME OF ACCIDENT 1406 | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 1407 | Amended | |
| B | 76 | ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S. 9th and K st | | | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | 06/15/2015 |
| C | 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LATITUDE |
| D | 1 | IF AT INTERSECTION NAME OF INTERSECTING ROADWAY K st | | | | |
| V1/M | 15 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | |
| V2/M | 01 | MILES | N S E W | AND MILES | N S E W | OF NEAREST CITY OR TOWN |
| E | 2 | R. WORK ZONE CODES 1 | R2 | R3 | R4 | S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b |
| DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | | | | | | |
| VEHICLE NO. 1 | | | | | | |
| F | 1 | DRIVER LICENSE NO. | H13696057 | | STATE (Of License) | NE |
| V1/N | 2 | DRIVER | WENDY L HOWARD | | PHONE | 417-861-4191 |
| V2/N | 2 | DRIVER ADDRESS | 902 GARFIELD ST, LINCOLN, NE 68502 | | DATE OF BIRTH (MM / DD / YYYY) | 12/01/1992 |
| G | 4 | OWNER | WENDY L HOWARD | | PHONE | 417-861-4191 |
| H | 5 | OWNER ADDRESS | 902 GARFIELD, LINCOLN, NE 68502 | | CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO | CITATION NO. LB453986 |
| V1/O | 3 | LICENSE PLATE PA NO. | SSN720 | | YEAR (Plate Expires) | 2016 |
| V2/O | 3 | VEHICLE | 2006 | MAKE KIA | MODEL spectra | BODY STYLE 4 door Sedan |
| I | 1 | DRIVER LICENSE NO. | H13480306 | | STATE (Of License) | NE |
| V1/P | 1 | DRIVER | CORY E PAPSTEIN | | PHONE | |
| V2/P | 1 | DRIVER ADDRESS | 5400 W AURORA, LINCOLN, NE 68524 | | DATE OF BIRTH (MM / DD / YYYY) | 01/28/1995 |
| J | 01 | OWNER | ROBERT W PAPSTEIN | | PHONE | 402-477-4711 |
| V1/Q | 1 | OWNER ADDRESS | 452 W. CARRINE, LINCOLN, NE 68504 | | CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO | CITATION NO. |
| V2/Q | 1 | LICENSE PLATE PA NO. | RSF442 | | YEAR (Plate Expires) | 2016 |
| K | 02 | VEHICLE | 2002 | MAKE Mazda | MODEL TRIBUTE | BODY STYLE Compact Utility |
| | | VEHICLE ID NO. (VIN) | 4F2CU081X2KM54195 | | COLOR green | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000 |
| | | TOWED TO | 101 CHARLESTON | | TOWED BY | CAPITAL TOWING |
| | | POLICY NO. | 007393-F15-27D | | | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | | | |
| VEH. # | NAME | ADDRESS | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region |
| | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | 4 Injury Sev. | 5 Trans. | SEX M F |
| VEH. # | NAME | ADDRESS | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region |
| | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | 4 Injury Sev. | 5 Trans. | SEX M F |
| VEH. # | NAME | ADDRESS | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region |
| | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | 4 Injury Sev. | 5 Trans. | SEX M F |

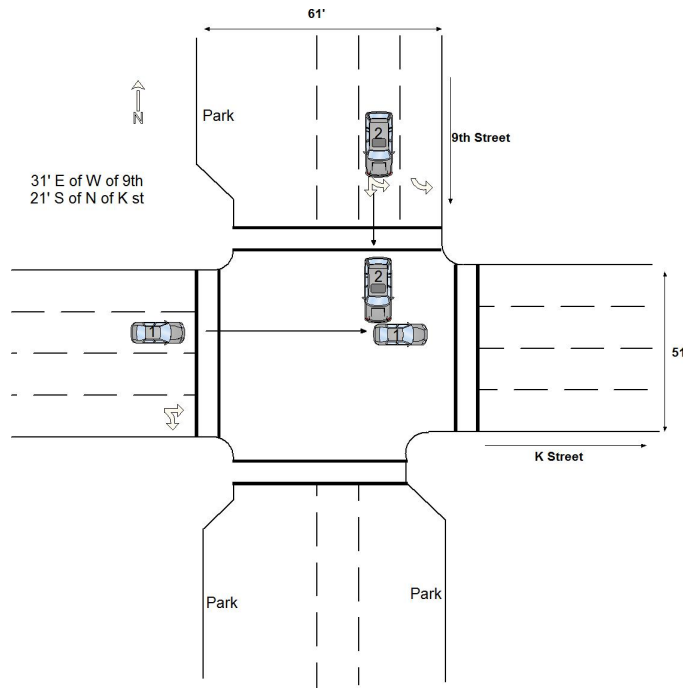
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-053157



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witnesses 1,2,3 all said veh 2 was S. bound on 9th st and entered the intersection on a green light and was struck by veh 1. All witnesses said veh 1 was travelling at least 35 mph when it went through a red light and struck veh 2. Driver 2 said he entered the intersection on a green light and veh 1 came through quickly. Driver 2 said he was unable to stop in time to avoid striking veh 1. Driver 1 said she was talking to her mother on her cell phone. Driver 1 thought she had a green light when she entered the intersection and was struck by veh 2.

| | | | | | |
|-----------|---------------------------------|--|------------------------------|-------|------------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME BOB WATSON | ADDRESS 1117 ABERDEEN, LINCOLN, NE 68512 | PHONE 402-217-3290 | | |
| | NAME JAMES HARTSGROVE | ADDRESS 2232 NW 50TH, LINCOLN, NE 68524 | PHONE 916-303-6074 | | |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | POINT OF IMPACT AND MOST DAMAGED AREA | | | | AIRBAG DEPLOYED VEHICLE 1 | | | | RESTRAINT USE VEHICLE 1 | | | | TOTAL OCCUPANTS | | | | |
|---|----|---|---|---------------------------------------|----------------------------------|--|--|---------------------------|--|--|--|-------------------------|--|--|---|-----------------|--|-------------------------------------|--|--|
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | | | (Enter numbers for each vehicle) | | | | | | | | | | | |
| 1 | | | X | | K ST | | | | | | | | | | | | | | | |
| 2 | X | | | | S. 9TH | | | | | | | | | | | | | | | |
| 1 | 01 | | | | 06 Turning left | | | | | | | | | | | | | | | |
| 2 | 01 | | | | 08 Entering traffic lane | | | | | | | | | | | | | | | |
| | | | | | 01 Essentially straight ahead | | | | | | | | | | | | | | | |
| | | | | | 02 Backing | | | | | | | | | | | | | | | |
| | | | | | 03 Changing lanes | | | | | | | | | | | | | | | |
| | | | | | 04 Overtaking/ Passing | | | | | | | | | | | | | | | |
| | | | | | 05 Turning right | | | | | | | | | | | | | | | |
| | | | | | 09 Leaving traffic lane | | | | | | | | | | | | | | | |
| | | | | | 10 Parked | | | | | | | | | | | | | | | |
| | | | | | 11 Slowing or stopped in traffic | | | | | | | | | | | | | | | |
| | | | | | 12 Other | | | | | | | | | | | | | | | |
| | | | | | 13 Unknown | | | | | | | | | | | | | | | |
| OFFICER NO. 965 | | | | | TROOP/ TEAM/ BEAT CE | | | | | DEPARTMENT Lincoln Police Department | | | | | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| INVESTIGATOR NAME (Print or Type) Richard Fitch | | | | | | | | | INVESTIGATOR SIGNATURE Approved by Officer Richard Fitch | | | | | | | | | DATE OF REPORT 06/15/2015 | | |

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 83

Agency
Case No. B5-053157

STATE USE ONLY

Amended

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

06/15/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S. 9th and K st

| VEH. # | VEHICLE NO. | VEH. # | | | | | |
|--------|---------------------------|---------------------------|---|-------|------------|-------|---|
| | DRIVER LICENSE NO. | STATE (Of License) | SEX <input type="radio"/> FEMALE <input type="radio"/> MALE | | | | |
| M | DRIVER | PHONE | LOCAL NO. | | | | |
| N | DRIVER ADDRESS | CITY, STATE, ZIP | DATE OF BIRTH (MM / DD / YYYY) | | | | |
| O | OWNER | PHONE | LOCAL NO. | | | | |
| P | OWNER ADDRESS | CITY, STATE, ZIP | CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING | | | | |
| Q | LICENSE PLATE NO. | YEAR (Plate Expires) | STATE (Of Plate) | | | | |
| | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR | ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ |
| | VEHICLE ID NO. (VIN) | INSURANCE COMPANY | | | | | |
| | TOWED TO | TOWED BY | POLICY NO. | | | | |

| VEH. # | VEHICLE NO. | VEH. # | | | | | |
|--------|---------------------------|---------------------------|---|-------|------------|-------|---|
| | DRIVER LICENSE NO. | STATE (Of License) | SEX <input type="radio"/> FEMALE <input type="radio"/> MALE | | | | |
| M | DRIVER | PHONE | LOCAL NO. | | | | |
| N | DRIVER ADDRESS | CITY, STATE, ZIP | DATE OF BIRTH (MM / DD / YYYY) | | | | |
| O | OWNER | PHONE | LOCAL NO. | | | | |
| P | OWNER ADDRESS | CITY, STATE, ZIP | CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING | | | | |
| Q | LICENSE PLATE NO. | YEAR (Plate Expires) | STATE (Of Plate) | | | | |
| | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR | ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ |
| | VEHICLE ID NO. (VIN) | INSURANCE COMPANY | | | | | |
| | TOWED TO | TOWED BY | POLICY NO. | | | | |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | | POINT OF IMPACT AND MOST DAMAGED AREA | | | | AIRBAG DEPLOYED VEHICLE | | | | RESTRAINT USE VEHICLE | | | | TOTAL OCCUPANTS | | VEH | | VEH | | | | | | | | | |
|-----------------------------------|---|---|---|---|---------------------------------------|--|--|--|----------------------------------|--|--|--|---------------------------------------|--|--|--|--------------------------------|--|-----|--|---------|--|--|--|--------------------------|--|---------------------------------------|--|------------|--|
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | | | VEHICLE | | | | VEHICLE | | | | VEHICLE | | | | VEHICLE | | | | ALCOHOL TESTING | | Driver No. | | Driver No. | |
| | | | | | | | | | POINT OF IMPACT | | | | POINT OF IMPACT | | | | | | | | | | | | ALCOHOL LEVEL TESTED | | Y | | Y | |
| | | | | | | | | | MOST DAMAGED AREA | | | | MOST DAMAGED AREA | | | | | | | | | | | | BAC LEVEL | | | | | |
| | | | | | | | | | 01 Essentially straight ahead | | | | 02 Deployed - front | | | | 1 None used - vehicle occupant | | | | | | | | ALCOHOL/ DRUGS SUSPECTED | | 1 Neither alcohol nor drugs suspected | | | |
| | | | | | | | | | 02 Backing | | | | 02 Deployed - side | | | | 2 Lap & shoulder belt used | | | | | | | | | | 2 Yes - alcohol suspected | | | |
| | | | | | | | | | 03 Changing lanes | | | | 3 Deployed - both front/side | | | | 3 Shoulder belt only used | | | | | | | | | | 3 Yes - drugs suspected | | | |
| | | | | | | | | | 04 Overtaking/ Passing | | | | 4 Not deployed | | | | 4 Lap belt only used | | | | | | | | | | 4 Yes - alcohol & drugs suspected | | | |
| | | | | | | | | | 05 Turning right | | | | 5 Not applicable/ No airbag available | | | | 5 Child safety seat used | | | | | | | | | | 5 Unknown | | | |
| | | | | | | | | | 06 Turning left | | | | 6 Unknown | | | | 6 Costume helmet used | | | | | | | | | | | | | |
| | | | | | | | | | 07 Making U-turn | | | | | | | | 7 DOT approved helmet used | | | | | | | | | | | | | |
| | | | | | | | | | 08 Entering traffic lane | | | | | | | | 8 Restraint use unknown | | | | | | | | | | | | | |
| | | | | | | | | | 09 Leaving traffic lane | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 10 Parked | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 11 Slowing or stopped in traffic | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 12 Other | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 13 Unknown | | | | | | | | | | | | | | | | | | | | | |

Complete this section for all injured persons

DATE OF BIRTH (MM / DD / YYYY)

1 Seat Position 2 Eject 3 Body Region 4 Injury Sev. 5 Trans. SEX M F

| VEH. # | NAME | ADDRESS | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region | 4 Injury Sev. | 5 Trans. | SEX M F |
|--------|-----------|-----------------------|--------------------------------|--------------------|---------|---------------|---------------|----------|---------|
| | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. | | | | | |
| VEH. # | NAME | ADDRESS | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region | 4 Injury Sev. | 5 Trans. | SEX M F |
| | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. | | | | | |
| VEH. # | NAME | ADDRESS | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region | 4 Injury Sev. | 5 Trans. | SEX M F |
| | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. | | | | | |

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-053157

| | | | | | |
|-----------------------------------|---|-------------------------|-----------------------------------|-------|------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
| | | | | | \$ |
| WITNESSES | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
| | | | | | \$ |
| WITNESSES | NAME | ADDRESS | | | PHONE |
| | JAMIE KARL 108 WHITMORE, DORCHESTER, NE | | | | 402-418-7021 |
| WITNESSES | NAME | ADDRESS | | | PHONE |
| | | | | | |
| OFFICER NO. | | TROOP/ TEAM/ BEAT | DEPARTMENT | | |
| 965 | | CE | Lincoln Police Department | | |
| INVESTIGATOR NAME (Print or Type) | | | INVESTIGATOR SIGNATURE | | DATE OF REPORT |
| Richard Fitch | | | Approved by Officer Richard Fitch | | 06/15/2015 |